# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY
NAME	MA ANPREW	SUFFIX	Date Received
	Aroy WEBB		ENEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	110 CHESTNAT CT	CITY; STATE; ZIP CODE	DEBE 24 2019
Change of Address	GEORGETOWN, TX 78633		18
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  ( 512 ) 563-1679	EXTENSION	Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	EADY	55.11%	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	LEORIETOWN, Do 78633		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 512 ) 868-4100	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	4/4/19	тнвоидн 4 /	26 /19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	5 / 4 / 19   M General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	GISD GOARD, PLACE 3	SANE	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME ANDY WOLL		15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	II.	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4169 53
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 350
	4. TOTAL	POLITICAL EXPENDITURES	\$ 282013
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	1 -	AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE T DAY OF THE REPORTING PERIOD \$ 4.781	
18 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  CARMEN DOMEL  UNDER THE OF TEXAS  IDE 1 1 8 8 9 8 8  COMM. EXP. 02-29-2020  Signature of Candidate or Officeholder			
AFFIX NOTARY STAM	IP/SEALAROVE		
Sworn to and subsc	ribed before me, t	by the said And Webb to certify which, witness my hand and seal of office.	, this the
Carnent Jonel Carmen Danel Secto Board of Trusto			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 2224 5 Full name of contributor □ out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) JAMES JALOBI 6 Contributor address; City; State; Zip Code 4411 S. 1435, Ct, 1x 78676 3000 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 901 h Mr. Clea R., Dx 78681 String / Job title (See Instructions) Employer (See Instructions) 10000 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; City; State; Zip Code 2913 GABrill VIGN Pr 67, 7, 7-8628 Employer 1000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 4/16 Contributor address; City; State; Zip Code [90] Shydow look (4, 12, 7868] Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

		SOMEDOLE AT
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	E Andy Well	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID#:	7 Amount of contribution (\$)
4118	Tim Sikings 6 Contributor address; City; State; Zip Code 120 Silverian Gt 120 78673	15000
8 Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instructions)	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
4/18	Contributor address; City; State; Zip Code	500 03
	203 Hillson Gt, Tx 78628	300
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
4/18	CARY LABB Contributor address; City; State; Zip Code	250 %
•	2604 Surrue RL. Dx 78665	
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
4116	Contributor address; City; State; Zip Code	10000
	POB 170639 Awn TX 78717	
Principal occu	pation / Job title (See Instructions) Employer (See In	structions)
		-

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Amon Wear	3 Filer ID (Ethlcs Commission Filers) 2224
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/15	6 Contributor address; City; State; Zip Code	Z50 °2
	1343 Rive Forer Re, TX 78665	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/4	Contributor address; City; State; Zip Code	15000
	30303 Oak Tree 6T TX	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
414	Cal Millir Contributor address; City; State; Zip Code  2103 (916 Links Rt DX	520 c.
Principal occup	action / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
4/4	Contributor address; City; State; Zip Code  515 (ung ress Aug ray)	750 <sup>12</sup>
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)

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#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	119 52
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	2 gi
302 RICHAM GT, TO	300 <sup>20</sup>
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
414 Contributor address; City; State; Zip Code	
106 Manual TA GT, To	50042
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Ala Contributor address; City; State; Zip Gode  2711 (char Spring) K D	100 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
	8

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

		SCHEDOLE AT
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	And Webt	3 Filer ID (Ethlcs Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
414	F Tad Wayada  6 Contributor address; City; State; Zip Code  412 Sathury; GT TX  upation / Job title (See Instructions)  9 Employer (See Instructions)	750°
8 Principal occi	upation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
414	Contributor address:	20002
Principal occuj	pation / Job title (See Instructions)  City; State; Zip Code  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
414	Contributor address; City; State; Zip Code  3201 S. Anna, Shill Granzelowa, To	100 00
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:)  San Contributor address; City; State; Zip Code	Amount of contribution (\$)
414	Contributor address; City; State; Zip Code  3 Vol S. Ansth. Am Sh 310 FM Da	10000
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)

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